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Bib Data Sheet

CONFIRMATION NO. 1471

| SERIAL NUMBER | FILING OR 371(c)<br>DATE | CLASS | GROUP ART UNIT | ATTORNEY DOCKET<br>NO. |
|---------------|--------------------------|-------|----------------|------------------------|
| 10/616,865    | 07/09/2003               | 424   | 1644           | V0139.70071.US00       |
| RULE          |                          |       |                |                        |

## APPLICANTS

Martha Karen Newell, Colorado Springs, CO;

## \*\* CONTINUING DATA \*\*\*\*\*

This application is a CON of 09/277,575 03/27/1999 which claims benefit of 60/082,250 04/17/1998 ✓  
and claims benefit of 60/101,580 09/24/1998 ✓  
and claims benefit of 60/094,519 07/29/1998 \*

(\*)Data provided by applicant is not consistent with PTO records.

## \*\* FOREIGN APPLICATIONS \*\*\*\*\*

None

IF REQUIRED, FOREIGN FILING LICENSE GRANTED \*\* \*\* SMALL ENTITY \*\*  
10/03/2003

|  |                           |                         |                      |                            |  |
|--|---------------------------|-------------------------|----------------------|----------------------------|--|
| Foreign Priority claimed<br><input type="checkbox"/> yes <input checked="" type="checkbox"/> no  | STATE OR<br>COUNTRY<br>CO | SHEETS<br>DRAWING<br>24 | TOTAL<br>CLAIMS<br>5 | INDEPENDENT<br>CLAIMS<br>1 |  |
| 35 USC 119 (a-d) conditions<br>met<br><input checked="" type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> met after<br>Allowance |                           |                         |                      |                            |  |
| Verified and<br>Acknowledged   | Examiner's Signature      | Initials                |                      |                            |  |

## ADDRESS

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## TITLE

Methods and products related to metabolic interactions in disease

|                               |   |   |
|-------------------------------|---|---|
| FILING FEE<br>RECEIVED<br>450 | FEES: Authority has been given in Paper<br>No. _____ to charge/credit DEPOSIT ACCOUNT<br>No. _____ for following: | <input type="checkbox"/> All Fees                                 |
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